

10/562311  
ED207843165US  
IAP17 Rec'd PCT/PTO 22 DEC 2005

**PATENT COOPERATION TREATY  
IN THE UNITED STATES RECEIVING OFFICE**

Applicants: Spongetech, Inc. et al ) Authorized Officer:  
 ) Nisa Gilchrist-Jones  
Application No.: PCT/US04/21435 )  
For: Improved Cleansing Pad )  
 )  
International Filing Date: 02 July 2004 )  
 )

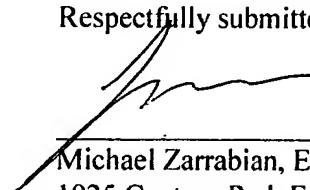
**TRANSMITTAL**

Mail Stop PCT, Attn: IPEA/US  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Madam/Sir:

For the above-referenced patent application, enclosed please find original of Reply to Invitation to Correct Defects in PCT Demand along with accompanying papers, which were faxed to the Authorized Officer, Ms. Nisa Gilchrist-Jones, in the USPTO – PCT IPEA/US at telephone number (703) 305-3230 on April 11, 2005.

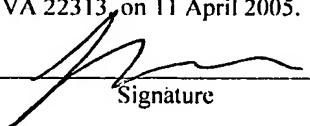
Respectfully submitted,

  
Michael Zarrabian, Esq. Reg. No. 39,886  
1925 Century Park East, Suite 500  
Los Angeles, CA 90067, U.S.A.  
Tel. (310) 201-0640

**CERTIFICATE OF "EXPRESS MAIL" MAILING**

I hereby certify that this correspondence or paper is being deposited with the United States Postal Service as "Express Mail", Label No. ED 207843165 US, in an envelope addressed to: Mail Stop PCT, Attn IPEA/US, Commissioner for Patents, PO BOX 1450, Alexandria, VA 22313, on 11 April 2005.

By \_\_\_\_\_

  
Signature

Michael Zarrabian  
Typed Name of Person Mailing Paper or Fee

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Application No.: PCT/US04/21435 )  
For: Improved Cleansing Pad )  
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International Filing Date: 02 July 2004 )  
)

**REPLY TO INVITATION TO CORRECT DEFECTS IN PCT DEMAND**

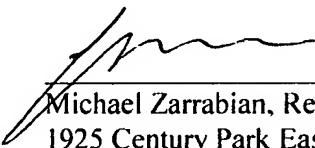
Mail Stop PCT, Attn: IPEA/US  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Madam/Sir:

Applicants' agent filed a PCT Demand in the above-referenced patent application on Feb. 3, 2005. A Notification of Receipt of Demand (Form PCT/IPEA/402) was mailed to the Applicant's agent on March 11, 2005. In the Notification, the Authorized Office included an invitation to correct defects in the PCT Demand by providing names of all Applicants in the PCT Demand. Accordingly, enclosed please find three sheets as follows: (1) first sheet of the original PCT Demand which has been amended to include names of additional Applicants, (2) two additional sheets (Sheet 1A and Sheet 1B) which include names of further Applicants. All of the Applicants were listed in the original PCT Request.

Respectfully submitted,

Dated: 11 April 2005

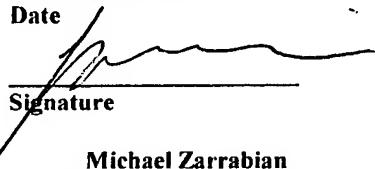
  
Michael Zarrabian, Reg. No. 39,886  
1925 Century Park East, Suite 500  
Los Angeles, CA 90067, U.S.A.  
Tel. (310) 201-0640

**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner of Patents, Box PCT, at (703) 305-3230, on:

11 April 2005

Date

  
Signature

Michael Zarrabian

Typed or printed name of person signing certificate

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:  
**IPEA/ US**

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:  
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>	
International application No. <b>PCT/US2004/21435</b>	International filing date (day/month/year) <b>02 July 2004</b>
(Earliest) Priority date (day/month/year) <b>03 July 2003</b>	
Title of invention <b>Improved Cleansing Pad</b>	
<b>Box No. II APPLICANT(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>Spongetech, Inc. 5302 W. 83rd Street Los Angeles, California 90045 United States of America</b>	Telephone No. <b>310-645-9406</b>
	Facsimile No.
	Teleprinter No.
	Applicant's registration No. with the Office
State (that is, country) of nationality: <b>United States of America</b>	State (that is, country) of residence: <b>United States of America</b>
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>Popovsky, Michael 205 S. Reeves Dr. Beverly Hills, California 90212 United States of America</b>	
State (that is, country) of nationality: <b>United States of America</b>	State (that is, country) of residence: <b>United States of America</b>
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) <b>Popovsky, Yelena 205 S. Reeves Dr. Beverly Hills, California 90212 United States of America</b>	
State (that is, country) of nationality: <b>United States of America</b>	State (that is, country) of residence: <b>United States of America</b>
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

**Continuation of Box No. II APPLICANT(S)***If none of the following sub-boxes is used, this sheet should not be included in the demand.**Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Foote, Susanne  
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**United States of America**

State (that is, country) of residence:  
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State (that is, country) of residence:  
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Jungermann, Eric  
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State (that is, country) of residence:  
**United States of America**

*Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Poper, Maxwell  
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 Westminster, California 92683  
 United States of America

State (that is, country) of nationality:  
**United States of America**

State (that is, country) of residence:  
**United States of America**

Further applicants are indicated on another continuation sheet.

## Continuation of Box No. II APPLICANT(S)

*If none of the following sub-boxes is used, this sheet should not be included in the demand.*Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Marcus, Raulee  
 3335 Highland Ave.  
 Hermosa Beach, California 90254  
 United States of America

State *(that is, country)* of nationality:  
United States of AmericaState *(that is, country)* of residence:  
United States of AmericaName and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*State *(that is, country)* of nationality:State *(that is, country)* of residence:

Further applicants are indicated on another continuation sheet.